EXHIBIT F Attachment II Proposal Format Page 1 of 4

2005-2007 RURAL HEALTH DEMONSTRATION PROJECT-PROPOSAL FORMAT

Participating Plan Name:	Project Number:
Project Title:	
Check Project Type: Special Popular	tion Geographic Access
Special Population or Geographic Area to	be served:
Project Partner:	
Is the partner currently part of the plan's HF	FP network? If not, when will they be added?
Location(s): Describe the geographic locat Areas to be covered: MSSAs or counties of	ion of the project including county and city.

*Please note that projects for Geographic Access must be located in a rural Medical Services Study Area (MSSA). To verify MSSA information log onto www.ruralhealth.ca.gov or call Alba

Special Population Project Description: Describe how the project will address the unique access needs of special populations and the extent to which the proposal is designed to reduce health disparities among children in the target populations.

Geographic Access Project Description:

Quiroz-Garcia at (916) 327-7969.

Describe how the project will address the unique access needs of geographically isolated rural and frontier areas. The type of services needed in the community, the availability of providers or how the project will make providers available where services are non-existent.

Use additional space as necessary, but limit this section to no more than 2 pages, project description should be concise and clear.

BUDGET

Project Period Requested (check all that apply) $\boxed{}$ 7/1/05 – 6 For each period requested, please complete the following:	5/30/06
Project Budget 7/1/05 – 6/30/06	
Is reimbursement requested for: (check one) Lump Sum	Rate Enhancement
Itemized Total Budget Requested for	r:
Personnel Salaries	\$
Fringe Benefits (%)	\$
Other direct program costs	\$
Supplies and collateral materials	\$
Total (less admin costs)	\$
Plan Administration %	\$
Grand Tota	1\$
Project Budget 7/1/06 – 6/30/07	
Is reimbursement requested for: (check one) Lump Sum	Rate Enhancement
Itemized Total Budget Requested for	r:
Personnel Salaries	\$
Fringe Benefits (%)	\$
Other direct program costs	\$
Supplies and collateral materials	\$
Total (less admin costs)	\$
Plan Administration %	\$
Grand Tota	1\$

EXHIBIT F Attachment II **Proposal Format** Page 3 of 4

PROVIDER'S EXPERIENCE WITH THE SPECIAL POPULATION OR GEOGRAPHIC ACCESS AREAS

Special Population -Describe provider's experience with special population, including how lon they have been serving the special population, the estimated numbers of special population served annually and the source for the reported numbers – OSHPD, Medi-Cal, self-reported or other.
Geographic Access-Describe providers experience working with geographically isolated
communities and knowledge of community needs.
Estimated number of HFP children enrolled in plan in areas to be served:
Estimated number of HFP children to be served by project:

Expected outcomes: For example, reduction in health disparities in children in the special population or increasing access to health care in geographic isolated communities. Describe what the project will demonstrate.

Project Feasibility: Can the plan partner meet the established goals and objectives according to timelines? If staffing is requested, has any work been initiated to find the healthcare provider requested? Have any issues related to licenses or operating permits been addressed prior to submitting proposals, and are projected timelines realistic?

Data Collection and Reporting: Provider's ability to collect and report demographic and utilization data. Describe how the data collection process will be implemented. Provide some detail of your data processing capabilities.

Other: Include if the plan project partner has been funded through the RHDP in the past from MRMIB? If yes, list the year, project number and funding amount.

Any other information that justifies your request and strengthens your proposal.

Premium Rates for the Rural Health Demonstration Projects Listed on Attachment V for contract year 2005-06

Rural Demonstration P		ed Rate Enhan	cement - Geo	graphic		
Access Proposals Only	<i>'</i>					
	I	T	I	T T	I	T
Rates by Region	Geographic	Geographic	Geographic	Geographic	Geographic	Geographic
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Per subscriber						
per month rate						
ages 1 thru 18						
Potos by Pogion	Coographia	Coographia	Coographia	Coographia	Coographia	Coographia
Rates by Region	Geographic	Geographic	Geographic	Geographic	Geographic	Geographic
Per subscriber	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
per month rate						
under age one*						
*Plans are to leave infant rates blank. MRMIB will calculate infant rate.						
Rural Demonstration P	roject: Lump S	um Payments-	Geographic A	ccess		
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Requested Payment						

Rural Demonstration Project: Lump Sum Payments for Special Populations									
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Project									
Requested Payment									

Premium Rates for the Rural Health Demonstration Projects Listed on Attachment V for contract year 2006-07

Rural Demonstration Project: Proposed Rate Enhancement - Geographic Access Proposals Only									
Rates by Region	Geographic	Geographic	Geographic	Geographic	Geographic	Geographic			
Per subscriber	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6			
per month rate									
ages 1 thru 18									
			-						
Rates by Region	Geographic	Geographic	Geographic	Geographic	Geographic	Geographic			
Per subscriber	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6			
per month rate									
under age one*									
*Plans are to leave infant rate blank. MRMIB will calculate infant rate.									
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Healthy Families Program Rural Health Demonstration Project Proposed Projects for Fiscal Year 2005-06 and 2006-07 Special Population

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Project ID #	Plan Partner	Plan Partner's Address	County & City Service Area	Is Provider in Plan's Network	& Safety	Proposed # of children to be served	Budget Requested 2005-06	Budget Requested 2006-07	Plan's Admin Fee %	PROJECT DESCRIPTION

Healthy Families Program Rural Health Demonstration Project Proposed Projects for Fiscal Year 2005-06 and 2006-07 Geographical Access

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			County &	ls	Traditional	Proposed #				
			City	Provider	& Safety	of children	Budget	Budget	Plan's	
Project ID	Plan	Plan Partner's	Service	in Plan's	net	to be	Requested	Requested	Admin	PROJECT
#	Partner	Address	Area	Network	Provider	served	2005-06	2006-07	Fee %	DESCRIPTION
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